

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/541882

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		3					54						
5		3					55						
6	1						56						
7	1						57						
8		2					58						
9		2					59						
10		3					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	26	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	30						TOTAL CLAIMS						